

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Practice Skip Counting : Skip by 2

2	4		8	10		14	16		20
22	24		28	30		34	36		40
42	44		48	50		54	56		60
62	64		68	70		74	76		80
82	84		88	90		94	96		100

### Practice Skip Counting : Skip by 5

5	10		20	25		35	40		50
55	60		70	75		85	90		100

### Practice Skip Counting : Skip by 10

10	20		40	50		70	80		100
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### Practice Skip Counting : Skip by 20

20	40		80	100
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